Approved for use through 10/31/2002 OMB 0651-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

Application Number		
Filing Date		
First Named Inventor	Farwell	
Title		
Group Art Unit		
Examiner Name		
Attorney Docket Number	PD-01W025	

Practitioners at Customer Number OR  Name Registration Number Leonard A. Alkov Glenn H. Lenzen, Jr. Colin M. Raufer William C. Schubert  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number.  OR Practitioners at Customer Number.  OR Practitioners at Customer Number.  OR Practitioners at Customer Number  OR  I practitioners at Customer Number  OR  Address Raytheon Company Address P.O. Box 902 (E1/E150) City El Segundo State CA Zip 90245-0902  Country USA Telephone 310.647.2577 Fax 310.647.2616  I am the: Applicant/Inventor.  Signature Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Leonard A. Alkov  Signature  Date  01/09/2001  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	I hereby appo	pint:				
Leonard A. Alkov Glenn H. Lenzen, Jr. Colin M. Raufer William C. Schubert  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number.  OR Practitioners at Customer Number.  OR Practitioners at Customer Number  OR Practitioners at Customer Number  OR Practitioners at Customer Number  OR Place Customer Number Bar Code Label here  Place Customer Number Bar Code Label here  Or Number Bar Code Label here  I and the CA  I ip Po245-0902  Country USA  Telephone  310.647.2577 Fax 310.647.2616  I am the: Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Leonard A. Alkov  Signature  O1/09/2001  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	OR		23915	<b>&gt;</b> Nu	mber Bar Code	
Leonard A. Alkov Glenn H. Lenzen, Jr.  Colin M. Raufer William C. Schubert  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR Practitioners at Customer Number OR Practitioners at Customer Number OR Practitioners at Customer Number OR Address Raytheon Company Address P.O. Box 902 (E1/E150) City El Segundo State CA Zip 90245-0902  Country USA Telephone 310.647.2577 Fax 310.647.2616  I am the: Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Leonard A. Alkov  Signature  Date 01/09/2001  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		Name		Registration N	lumber	
Colin M. Raufer William C. Schubert  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR Practitioners at Customer Number  Practitioners at Customer Number  Practitioners at Customer Number  OR  Raytheon Company  Address  P.O. Box 902 (E1/E150)  City EI Segundo State  CA Zip 90245-0902  Country  USA  Telephone  310.647.2577 Fax 310.647.2616  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Leonard A. Alkov  Signature  Date  01/09/2001  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
william C. Schubert  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Practitioners at Customer Number.  OR  Practitioners at Customer Number  Address  Raytheon Company  Address  P.O. Box 902 (E1/E150)  City  El Segundo  State  CA  Zip  90245-0902  Country  USA  Telephone  310.647.2577  Fax  310.647.2616  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Leonard A. Alkov  Signature  Date  01/09/2001  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				29,320		
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Practitioners at Customer Number  Address  Raytheon Company  Address  P.O. Box 902 (E1/E150)  City  El Segundo  State  CA  Zip  90245-0902  Country  USA  Telephone  310.647.2577  Fax  310.647.2616  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Leonard A. Alkov  Signature  Date  01/09/2001  NOTE: Signatures of all the inventors or assignaes of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	<del></del> -			40,781		
Dusiness in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Practitioners at Customer Number  Number Bar Code Label here  Leonard A. Alkov  Address  Raytheon Company  Address  P.O. Box 902 (E1/E150)  City  EI Segundo  State  CA  Zip  90245-0902  Country  USA  Telephone  310.647.2577  Fax  310.647.2616  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Leonard A. Alkov  Signature  Date  01/09/2001  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Will	iam C. Schubert		30.102		
The above-mentioned Customer Number.  OR Practitioners at Customer Number  OR  Practitioners at Customer Number  OR Number Bar Code Label here  Leonard A. Alkov  Address  Raytheon Company  Address  P.O. Box 902 (E1/E150)  City EI Segundo State CA Zip 90245-0902  Country  USA  Telephone 310.647.2577 Fax 310.647.2616  I am the: Applicant/Inventor.  V Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Leonard A. Alkov  Signature  Date  01/09/2001  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	business in the	United States Patent and Tra	demark Office conne	cted therewith.	transact all	
Address Raytheon Company  Address P.O. Box 902 (E1/E150)  City EI Segundo State CA Zip 90245-0902  Country USA  Telephone 310.647.2577 Fax 310.647.2616  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Leonard A. Alkov  Signature A. Alkov  Date 01/09/2001  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	☐ The above-mentioned Customer Number.  OR ☐ Practitioners at Customer Number ☐ Practitioners at Customer Number ☐ Place Customer Number Bar Code					
Address P.O. Box 902 (E1/E150)  City EI Segundo State CA Zip 90245-0902  Country USA  Telephone 310.647.2577 Fax 310.647.2616  I am the: Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Leonard A. Alkov  Signature A. Alkov  Signature O1/09/2001  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Individual Na	ame				
City USA  Telephone 310.647.2577 Fax 310.647.2616  I am the: Applicant/Inventor.  Assigne of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Leonard A. Alkov  Signature Alkov  Date 01/09/2001  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
Country  Telephone  310.647.2577  Fax  310.647.2616  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Leonard A. Alkov  Signature  Date  01/09/2001  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			150)	1		
Telephone 310.647.2577 Fax 310.647.2616  I am the: Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Leonard A. Alkov  Signature Junear A. Alkov  Date 01/09/2001  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			Sta	e CA	Zip 90245-0902	
I am the: Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Leonard A. Alkov  Signature Date 01/09/2001  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				1 040 047 0040		
Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Leonard A. Alkov  Signature  Date  01/09/2001  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		310.047.2577	Fax	310.647.2616		
SIGNATURE of Applicant or Assignee of Record  Name  Leonard A. Alkov  Signature  Date  01/09/2001  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
Name  Leonard A. Alkov  Signature  Date  01/09/2001  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
Name  Leonard A. Alkov  Signature  Date  01/09/2001  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		SIGNATURE of Ap	pplicant or Assignee o	f Record		
Date  O1/09/2001  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Loopeyd A. Aller					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Signature Hondred a Cellin					
The investment of the signature is required, see pelow .	Date 01/09/2001					
✓ *Total of 1 forms are submitted	The first than one signature is required, see pelow :					
urden Hour Statement. This form is estimated to take 3 minutes to complete. Time will vary depending upon the peeds of the individual case. Assured						

PTO/SB/01 (10-00) Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## PD-01W025 **Attorney Docket Number DECLARATION FOR UTILITY OR** Farwell First Named Inventor **DESIGN PATENT APPLICATION COMPLETE IF KNOWN** (37 CFR 1.63) Application Number Filing Date Declaration ☐ Declaration OR Submitted Submitted after Initial Group Art Unit with Initial Filing (surcharge (37 ČFR 1.16 (e)) Filing **Examiner Name** required)

ſ							
	As a below named inventor, I hereby declare that:						
	My residence, mailing address, and citizenship are as stated below next to my name.						
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
	"A System and Method for Minimizing Upsets in Digital Microcircuits"						
m	the specification of which (Title of the Invention)						
	is attached hereto						
	OR  was filed on (MM/DD/YYYY)  as United States Application Number or PCT International						
	Application Number and was amended on (MM/DD/YYYY) (if applicable).						
	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.						
N	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
	I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.						
	Prior Foreign Application Number(s)  Foreign Filing Date (MM/DD/YYYY)  Foreign Filing Date Priority Not Claimed YES NO						
L	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						
L	I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.						
	Application Number(s)  Filing Date (MM/DD/YYYY)  Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.						

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (10-00)

Approved for use through 10/31/2002 OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to:  Customer Number or Bar Code Label  OR Correspondence address below							
Leonard A.	Name Leonard A. Alkov, Esq.						
Address Raytheon C	ess Raytheon Company						
P.O. Box 90	2 (E1/E15	0)			· · · · · · · · · · · · · · · · · · ·		
El Segundo City	El Segundo State CA ZIP 90245-0902					ZIP 90245-0902	
Country USA			Telephon	<sub>e</sub> 310.6	47.257	7	Fax 310.647.2616
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:							
Given Name (first and middle [if any])	William I	).			Family I		I
Inventor's Signature Date 01/08/2007							
Residence: City Thousand Oaks State CA			Α ,	Country USA	Citizenship USA		
Mailing Address 4833 V	ia Don Lu	is			_		
Mailing Address							
City Thousand Oaks State CA		<sub>ZIP</sub> 91320		Country USA			
NAME OF SECOND IN	IVENTOR	:			A petiti	on has been fi	ed for this unsigned inventor
Given Name  Family Name  or Surname							
Inventor's Signature Date							
Residence: City				54-4-			
Residence: City   State   Country   Citizenship  Mailing Address							
Mailing Address							
City				ZIP		Country	
Additional inventors are I	peing named	on the	suppleme	ntal Additio		tor(s) sheet(s) PT	Country O/SB/02A attached hereto.